

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the  
Northern District of Texas

Texans for Israel, et al

*Plaintiff*

v.

U.S. Department of the Treasury, et al

*Defendant*

)  
)  
) Civil Action No. 2:24-cv-00167-Z  
)  
)  
)  
)  
)

**Summons in a Civil Action**

**TO:** Andrea Gacki, in her official capacity as Director of the Financial Crimes Enforcement Network

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are:

Jonathan Mitchell  
111 Congress Avenue  
Suite 400  
Austin, TX 78701

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 08/07/2024

Civil Action No. 2:24-cv-00167-Z

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Andrea Gacki, in her official capacity as Director of the Financial Crimes Enforcement Network was received by me on *(date)* August 7, 2024\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is designated  
by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ other *(specify)* I served the summons and a copy of the complaint via USPS Certified Mail. The documents were  
served by the USPS on August 13, 2024, as shown on the return receipt green card attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_

I declare under penalty of perjury that this information is true.

Date: 9.12.2024

Kim Acres  
\_\_\_\_\_  
Server's signature

Kim Acres, Paralegal  
Printed name and title

15405 John Marshall Hwy, Haymarket, VA 20169  
Server's address

Additional information regarding attempted service, etc:



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Andrea Gacki, Director  Financial Crimes Enforcement Network  2070 Chain Bridge Road, Vienna, VA 22182</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>m.c.</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7693 2122 6654 10</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	